



City of Saint Paul
Truth-in-Sale of Housing Program
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
Disclosure Report & Payment Cover Sheet

****KEEP A COPY OF THIS FORM
FOR YOUR RECORDS****

DO NOT WRITE IN SHADED AREAS

Fax Number **651-266-1944**

Page 1 of _____
(count all pages)

Date Submitted: _____

Date Received: _____

From:

Name: _____ or Company: _____

phone: (____) _____ fax: (____) _____

If company, then evaluator name(s) must be provided below, by report address

PAYMENT INFORMATION

Reports are due in the Saint Paul Truth-in-Sale of Housing Program office **no later than 10 calendar days** after the date of the report.
Any report received more than 10 calendar days after the date of the report incurs an additional late fee, from \$30.00 to \$50.00.

Total Amount: \$ _____

circle type of payment:

Cash

Check/Money Order

init: _____ date: _____

Credit Card (circle one):

Visa

MasterCard

I authorize the City of Saint Paul, Truth-in-Sale of Housing Program, to charge the total amount due to this credit card account: (illegible writing may delay processing and may incur late charges)

Card Number _____ / _____ / _____ / _____

Exp Date: ____ / ____

Date _____ Batch _____ Auth# _____ Clerk _____

Authorized Account Signature: _____

Printed Name: _____

LIST ADDRESSES OF REPORTS SUBMITTED WITH THIS PAYMENT

PRINT LEGIBLY or TYPE

List evaluator name **ONLY** if multiple evaluators prepared reports submitted on this sheet

<u>Report Date</u>	<u>Property Address</u>	<u>Evaluator</u>	<u>Fee</u>	<u>Late fee</u>	<u>Total Fee</u>	<u>TISH confirm</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total Fees This Cover Sheet: \$ _____						

Amended Reports - List by Address (no fee due)

